

Payment Request Document - Input Form		The Commonwealth of Massachusetts		
___ OCD PVOCD ___ 5 ___ 0000		Action: N or M Department of Housing and Community Development		
<i>HEADER</i>		<i>VENDOR</i>	<i>Vendor Name and Address</i>	
Document Name: Record Date: Budget FY: Fiscal Year: Period: Doc. Description: Doc Total: _____ <div style="text-align: center;">Disbursement Options</div> Sched. Paymnt Date: Single Payment: Handling Code:		<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Vendor Cust.# <u>VC</u> _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Vendor's Certification: I certify that the goods were shipped or the service rendered as set forth below. </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> X _____ </div> <div style="text-align: center;">(Please sign in ink)</div>		

<i>COMMODITY</i>	<i>ACCOUNTING</i>		<i>FUND ACCOUNTING</i>
Commodity Code: Line Type: Contract Amount: Service From: Service To: <div style="text-align: center;">Reference</div> Comm. Ref. Code: ___ Comm. Ref. Dept.: OCD Comm. Ref. ID ___ OCD _____ 0000 Comm. Reference VL: Comm. Reference CL: Ref. Type Partial <div style="text-align: center;">Invoice Information</div> Vendor Invoice # : Vendor Invoice Line : 1 Vendor Invoice Date:	Event Type:		Fund:
	Budget FY:		Sub Fund:
	Fiscal Year:		Department: OCD
	Period:		Unit:
	Line/Check Description:		Approp Unit #:
			Object:
	Line Amount		Detail Accounting
	\$		
Ref Acct. Line _____	Ref Type: Partial		Program:
		Program Period:	

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth of Massachusetts governing disbursements of public funds and the regulations thereof have been complied with and observed.

Prepared by: _____ Title _____ Date _____

Approved by: _____ Title _____ Date _____

Entered by: _____ Title _____ Date _____

rev 1.21.05

